
Independent Medical Review Final Determination Letter

304

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0015609	Date of Injury:	09/10/2002
Claims Number:	[REDACTED]	UR Denial Date:	08/13/2013
Priority:	STANDARD	Application Received:	08/23/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PT 2X8 BODY PART UNSPECIFIED REQUEST FROM CE/NOT MEDICALLY CERTIFIED BY PA			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65 YO, F with a date of injury on 9/10/2002. The patient's diagnoses include: chronic low back pain; lumbosacral spondylosis; failed lumbar back surgery syndrome. The utilization review letter dated 8/13/13 noted that the patient had thus far received the following treatment: analgesic medications; a spinal cord stimulator; and unspecified amounts of aquatic therapy. It was noted in the 6/13/13 progress report By Dr. [REDACTED] that the patient had decreased ROM of the lumbar spine and was getting weaker. Additional aquatic therapy was recommended and it was noted that the patient has been awarded aquatic therapy for life through an AME. The progress report dated 8/22/13 by Dr. [REDACTED] noted that the patient had been denied pool therapy. It was noted that basically the patient needs lifetime pool work. This is about the only way she can maintain any cardiovascular tone or any muscle tone because she needs the antigravity environment that the pool provides. If she is without the pool she has persistent increased symptomatology and this is detrimental to her wellbeing and health. The physical therapy note by [REDACTED] states that the patient's back pain, and distal symptoms increase and overall physical and mental health deteriorates without her aquatic rehab. The progress report dated 9/30/13 by Dr. [REDACTED] noted that the patient's AME had recommended aquatic therapy twice a week for a lifetime basis to keep her injured spine in maximum shape as she is really unable to do land therapy due to the fragileness to her thoracic-lumbar condition which is industrial in nature.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical therapy 2x8 (body part unspecified) is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 22, 98-99, which are part of the MTUS.

The Physician Reviewer's decision rationale:

It was noted in the 6/13/13 progress report By Dr. [REDACTED] that the patient had decreased ROM of the lumbar spine and was getting weaker. Additional aquatic therapy was recommended and it was noted that the patient has been awarded aquatic therapy for life through an AME. The progress report dated 8/22/13 by Dr. [REDACTED] noted that the patient had been denied pool therapy. It was noted that basically the patient needs lifetime pool work. This is about the only way she can maintain any cardiovascular tone or any muscle tone because she needs the antigravity environment that the pool provides. If she is without the pool she has persistent increased symptomatology and this is detrimental to her wellbeing and health. The physical therapy note by [REDACTED] states that the patient's back pain, and distal symptoms increase and overall physical and mental health deteriorates without her aquatic rehab. The progress report dated 9/30/13 by Dr. [REDACTED] noted that the patient's AME had recommended aquatic therapy twice a week for a lifetime basis to keep her injured spine in maximum shape as she is really unable to do land therapy due to the fragileness to her thoracic-lumbar condition which is industrial in nature. . MTUS pg. 98-99 regarding physical medicine allow for fading of treatment frequency plus active self-directed home physical medicine. It appears that the patient has had benefit from the aquatic therapy in the past, although the medical records do not indicate specifically what functional gains have been achieved. Unfortunately, however, the requested 16 PT visits exceeds the 8-10 visits supported by MTUS for neuralgia, neuritis, and radiculitis. Recommendation is for denial.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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